1 **Claim 1. through Claim 18. (cancelled)**

1 **Claim 19. (new)** A classification and management system for patients with
2 lower extremity arterial occlusive disease comprising a network of remotely
3 located computers from healthcare facilities, an evaluating authority and
4 accredited laboratory integrated to implement the steps on-line of:

5 • entering and storing collected patient data of physically observable
6 conditions of the patient's lower extremities and noninvasive arterial
7 pressure and blood flow data in the memory of a computer at the
8 healthcare facility,

9 • transmitting said collected patient data from the healthcare facility
10 computer to a computer at an evaluating authority,

11 • receiving and storing the collected patient data in the computer at the
12 evaluating authority to review and compare said collected patient data
13 against a medically accepted set of disease specific criteria at the
14 evaluating authority to classify patients as "potentially at risk" and "not
15 at risk" of developing complications of arterial occlusive disease,

16 • entering and storing patient classification data in the memory of the
17 computer at the evaluation authority,

18 • transmitting said patient classification data from the evaluating authority
19 computer to the computer at the healthcare facility,

20 • receiving and storing the patient classification data in the computer at
21 the healthcare facility,

22 • transmitting the "potentially at risk" patient data from the healthcare
23 facility to the accredited laboratory,

24 • entering and storing the "potentially at risk" patient data in a computer
25 at an accredited laboratory to evaluate those "potentially at risk"
26 patients at the accredited laboratory against medically accepted criteria,

27 • entering and storing the data results of said noninvasive vascular
28 evaluation in the memory of the computer at the accredited laboratory,

29 • transmitting said stored data results from the accredited laboratory
30 computer to the computer at the evaluating authority for final
31 classification,

32 • receiving and storing the stored data results in the computer at the
33 evaluating authority to classify each patient at the evaluating authority

34		against medically accepted criteria as "at risk" or "not at risk" of
35		developing arterial occlusive disease,
36	•	entering and storing patient classification in the memory of the
37		computer at the evaluation authority,
38	•	transmitting said "at risk" or "not at risk" patient final classification from
39		the evaluation computer to the computer at the healthcare facility,
40	•	entering and storing said "at risk" or "not at risk" patient final
41		classification at the healthcare facility computer and transmitting data
42		from the healthcare facility computer database having a final
43		classification of "at risk" for critical ischemia with associated extremity
44		lesions and patients with noninvasive evidence of severe ischemia to a
45		vascular surgery facility for vascular surgical assessment to determine
46		whether revascularization is necessary,
47	•	reviewing the data and assessing such "at risk" patients against
48		medically accepted criteria as "clinical indication for operation" or "no
49		indication for operation" at the vascular surgery facility,
50	•	electing revascularization and periodic management system evaluation
51		at the healthcare facility or routine wound care and periodic revaluation
52		at the healthcare facility by patients assessed as "clinical indication for
53		operation",
54	•	monitoring patients assessed as "no indication for operation" by the
55		healthcare facility with increased precautions to monitor for detection of
56		any visible deterioration of the patient's lower extremities that would
57		require reassessment,
58	•	referring patients having ulcers, pain or gangrene at the time of "no
59		indication for operation" assessment for reassessment,
60	•	referring patients classified as "no indication for operation" that develop
61		ulcers, pair and/or gangrene to the vascular surgery facility for
62		reassessment,
63	•	reassessing the referred patient at the vascular surgery facility against
64		medically accepted criteria as "no indication for operation" or "clinical
65		indication for operation",
66	•	entering and storing the reassessment in a memory of a computer at
67		the vascular surgery facility,
68	•	transmitting the reassessment of "no indication for operation" or "clinical
69		indication for operation" from the vascular surgery facility computer to

70   the computer at the evaluating authority for reevaluation as "no
71   indication for operation" or "clinical indication for operation",

72   •   transmitting the reevaluation from the evaluating authority computer to
73   the computer at the healthcare faculty with the appropriate medical
74   procedure and regimen for treating and monitoring patients classified as
75   "not at risk", "at risk" and assessed as "no indication for operation" or
76   "clinical indication for operation" at the healthcare facility,

77   •   receiving and storing patient treatment and progress data in the
78   memory of the computer at the healthcare facility to provide "not at risk"
79   patients without limb ulcers routine care and precautions at the
80   healthcare facility, "not at risk" patients with limb ulcers routine wound
81   care at the healthcare facility and providing "not at risk" patients with
82   limb ulcers periodic reevaluation by the evaluating authority,

83   •   entering and storing the periodic patient reevaluations in the memory of
84   the computer at the evaluating authority to provide "at risk" patients
85   assessed as "no indication for operation" or "operation not elected by
86   patient", and "clinical indication for operation" patient undergoing
87   revascularization at the vascular surgery facility with intensive wound
88   care at the healthcare facility,

89   •   entering and storing patient treatment and evaluation of patients in the
90   memory of the computer at the vascular surgery facility,

91   •   transmitting the patient treatment and evaluation data of patients from
92   the vascular surgery facility to the healthcare facility,

93   •   receiving and storing the patient treatment and evaluation data of
94   patients in the computer at the healthcare facility,

95   •   recording periodic reevaluations of "at risk" patients data assessed as
96   "no indication for operation" or "operation not elected by patient" with
97   increased precautions at the healthcare facility.